



BUSINESS LICENSE APPLICATION
PEDDLERS, CANVASSERS, SOLICITORS & TRANSIENT MERCHANTS
Town of Fountain Hills, Arizona

Please fill in **all** blanks applying to your business: **(Incomplete applications will not be processed.)**

Note: Minimum 10 day processing period before license and badges will be issued.

NAME AND BUSINESS INFORMATION:

Business Name (Company or Individual DBA)

Business Start Date

Primary Contact Person

Title

Business Phone No.

Fed. I.D. Tax #

Description of Applicant – (Include a 1” by 1” photo, showing the head and shoulders, taken within the last 60 days. See page 3.)

Date of Birth

Social Security Number

State Sales Tax Number (attach copy)

1) _____ 2) _____
Names and Phone Numbers of two people to be contacted in case of emergency

Complete Physical Address where business is based

Mailing Address if different from above

Physical Location in Fountain Hills where business will be transacted

Is this location on **private property**? ____ **Yes** ____ **No** If yes, **attach written permission** from property owner to use the premises.

1) _____ 2) _____ 3) _____
List 3 Cities/Towns where business has been transacted in the past 60 days.

Description of business and goods to be sold

Description of vehicle(s) to be used in the course of business (**license number(s)**, make(s), model(s), year(s) – attach additional sheets as necessary)

Consecutive 3 month period desired: From: _____ To: _____
(**Note:** Hours of operation permitted: **8:00 a.m. to Dusk only**)

Please supply **Two Local References** (property owners):

1) _____	_____	_____
Name	Address	Phone Number
2) _____	_____	_____
Name	Address	Phone Number

Have you or any person on the job been convicted of **any crime, misdemeanor, or municipal law**? ____ **Yes** ____ **No**
If so, state the name of the person, the nature of the offense and the penalty or punishment assessed therefore:

Are you proposing to sell **edible foodstuffs**? **Yes** **No** If yes, attach a copy of your **Maricopa County health card** or **statement** from a physician of the Town of Fountain Hills, dated not more than 10 days prior to the submission of this application, certifying that applicant is free of infectious, contagious or communicable diseases.

OWNERSHIP INFORMATION:

If employed, please supply the following:

Name of Employer		Title	Phone Number	
Street	Suite/Apt. No.	City/Town	State	Zip

****NOTE**** Please attach evidence establishing the exact relationship between the employer and yourself.

As applicable:

Arizona Sales Tax License # _____

Contractors License #: Commercial _____ Residential _____
Renewal Date _____ Renewal Date _____

(Attach copies of any licenses which will verify compliance with all Federal and State regulations pertaining to your trade, profession, occupation, or business.)

(INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.)

“I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE IT IS UNLAWFUL TO GO UPON ANY PREMISES WHEREON A SIGN BEARING THE WORDS “NO PEDDLERS” OR ANY SIMILAR TERMS ARE EXPOSED TO PUBLIC VIEW OR TO REMAIN ON ANY PREMISES AFTER HAVING BEEN REQUESTED TO LEAVE BY THE OWNER OR OCCUPANT WHETHER SUCH PREMISES ARE POSTED AS SPECIFIED ABOVE OR NOT. IDENTIFICATION CARDS MUST BE IN YOUR POSSESSION AND SHOWN UPON REQUEST WHILE CONDUCTING BUSINESS IN FOUNTAIN HILLS.

Date	Owner or Authorized Signature	Name (Print or Type)	Title
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Please return this **completed application** with a **check or money order** for **\$275.00** which includes the **\$25.00** application fee.

Town of Fountain Hills
Office of the Town Clerk
16705 East Avenue of the Fountains
Fountain Hills, AZ 85269

DO NOT WRITE BELOW THIS LINE

\$25.00 Application Fee Received: Yes No Check Number _____

Term of License and Amount: **Quarterly \$250.00**

Effective Period of License: _____ License Number: _____

Zoning District: _____ Compliance: Yes No Action, if any: _____

Date Paid: _____ Amount Received: _____ Check Number: _____

Approval Date: _____ Denial Date and Reason for Denial: _____

Comments: _____

Please list the following information and provide a 1” x 1” head and shoulder photo for EACH person representing your organization’s solicitation efforts.

[illegible]



Town of Fountain Hills National Background Screening Consent Form

Applicant's **FULL Legal** Name (printed)

Social Security Number _____ Date of Birth _____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I the undersigned, authorize this information to be obtained either in writing, via telephone or online in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the company's guidelines.

By signing this document, I am providing the above named company my consent for an initial background check as well as any subsequent background checks deemed necessary.

Print Name:

_____ Date: _____

Signature: _____